State of Wisconsin Department of Natural Resources (DNR) Box 7921 Madison, Wisconsin 53707 NONPROFIT CONSERVATION ORGANIZATION STEWARDSHIP PROGRAM ELIGIBILITY APPLICATION Form 8700-290 (2/03) Page 1 of 1

NOTICE: Personally identifiable information will be used to administer the grant and will not be used for other purposes. Information will be made accessible to requesters under Wisconsin's Open Records law (Sec. 19.31 – 19.39 Wis. Stats.).

Send your completed application with attachments to the Community Services Specialist in your local DNR Regional Office.

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The DNR will send your organization a certification letter if it qualifies for the Stewardship Program. Once you have received your a you do not need to re-submit this application with subsequent grant requests. However, you will need to become re-certified if your 501(c)(3) tax-exempt status or mission changes.							
Nonprofit Conservation Organization (NCO)							
NCO Address							
Name of Official Contact Person							
Te	lephone Number	Fax Number	E-mail			ail	
1.	Is the organization incorporated ur Stats.?	nder chapter 181, Wis.		No		Yes	Date of Incorporation:
2.	Is the organization certified by the IRS as 501(c)(3) tax exempt?			No		Yes	Date of Certification:
3.	Is one of the primary missions of the organization to acquire land for conservation purposes (as evidenced in Articles of Incorporation or By-laws)?			No		Yes	Page Reference:
4.	Does the organization have an attorney that reviews legal documents related to land and easement acquisition?			No		Yes	
5.	Does the organization have an endowment for long-term management, maintenance or monitoring of property?			No		Yes	
Required Attachments							
 NCO's Articles of Incorporation NCO's By-Laws IRS determination letter confirming organization's tax-exempt status Description of endowment funds, if applicable Miscellaneous. Brochures about organization, newsletter, annual report, copy of any land acquisition policies, land acquisition priorities, or other pertinent information (optional) I hereby certify as the NCO's authorized representative that to the best of my knowledge the information in this application is true and correct. 							
Sig	gnature of Authorized Representativ	e Typed or Printed Name a	nd Tit	le		D	ate Signed